

228

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - - No. 210	
1. County <u>Marijuana</u>	District <u>Greenlee</u>	County Registrar's - No. <u>1108</u>	Local Registrar's - No. <u>1108</u>
TOWN or CITY <u>Greenlee</u> No. <u>226-11-11-23</u>			
2. FULL NAME <u>Philip L. Green Jr.</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR or RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>5</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) _____			
7. AGE	Years	Months	Days
			IF LESS than 1 day... hrs. or... min.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) (State or country) <u>Albany, Ga.</u>			
10. NAME OF FATHER <u>Phel Green</u>			
11. BIRTHPLACE OF FATHER (State or country) <u>Ga.</u> (city or town) _____			
12. MAIDEN NAME <u>Louise Jones</u>			
13. BIRTHPLACE OF MOTHER (State or country) <u>Kansas</u> (city or town) _____			
14. Informant (Address) _____			
15. Filed <u>12-31-1923</u> Local Registrar. <u>HARRY J. GELMAN</u>			
V. S. No. 1 County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>12/31/23</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____			
that I last saw him alive on <u>8-30-23</u>			
and that death occurred, on the date stated above, at _____			
The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>Alfred D. Cavall</u> M. D.			
(Address) <u>238 E. Wash.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u>		DATE OF BURIAL <u>1/31/24</u>	
20. UNDERTAKER <u>Mary M. M. Co.</u>		ADDRESS <u>P. L.</u>	